



www.washnshop.com
P.O. Box 344
Kerrimuir, VIC, 3129

Please Print/Scan this document
and send via email to Washnshop.
We are no longer except transmisson
via facsimile.

Customer Data Form

Membership Number

Name: _____ Gender: M F
Mobile No: _____ DOB: ___/___/___
Address: _____
Suburb: _____ Postcode: _____
Email: _____

How would like to hear about our great special offers?

SMS Email Post

How often do you use our service?

Twice a week Weekly Fortnightly Monthly 6 Monthly

Which days do you normally go shopping?

Monday Tuesday Wednesday Thursday Thursday Night
 Friday Friday Night Saturday Sunday

On average, how much time do you spend shopping?

< 30 mins 30 mins – 1 hr 1 – 2 hrs 2 – 3 hrs 4+ hrs

Do you have any children? YES NO

If yes, what age group are they in?

1 – 5 yrs 6 – 12 yrs 13 – 17 yrs Above 17 yrs

What type of vehicle do you drive:

Sedan Hatch Wagon 4WD Ute Van Coupe

Make: _____ Registration # _____

Do you ever require your vehicle to be:

Polished Steam Cleaned Leather Treated Paint Protection Paint Rejuvenation

How often do you require the service/s? Monthly Quarterly Yearly

What special offers would you like to see us run in the future: _____

How can we improve our service for you? _____

All data collected is the property of WSH Pty Ltd and will not be used by any other entity other than WSH Pty Ltd